

**INDIANA DATA BREACH NOTIFICATION FORM**OAG Form 1079 (R0 / 09-13)
Identity Theft UnitOFFICE OF ATTORNEY GENERAL
Consumer Protection Division
Government Center South, 5th floor
302 W. Washington Street
Indianapolis, IN 46204
(317) 233-4393 – Fax

Name and Address of Entity or Person that owns or licenses the data subject to the breach			
Name Tower Legal Solutions			
Street Address 65 Broadway, Suite 1703	City New York	State NY	Zip Code 10006
Submitted by Gregory Bautista	Title Partner	Dated 3/22/2019	
Firm Name (if different than entity) Wilson Elser Moskowitz Edelman & Dicker LLP			Telephone 9148727839
Email gregory.bautista@wilsonelser.com		Relationship to Entity whose information was compromised Attorney	

Type of Organization (please select one)		
<input type="checkbox"/> State of Indiana Government Agency	<input type="checkbox"/> Health Care	<input type="checkbox"/> Not-For-Profit
<input type="checkbox"/> Other Government Entity	<input type="checkbox"/> Financial Services	<input type="checkbox"/> Other – please specify
<input type="checkbox"/> Educational	<input checked="" type="checkbox"/> Other Commercial	

Number of Persons Affected	
Total (Indiana Included)	1559
Indiana Residents Only	1

Dates		
Date Breach Occurred (include start/end dates if known)		
Date Breach Discovered	2/19/2019	
Date Consumers Notified	3/22/2019	

Reason for delay, if any, in sending notification

Description of Breach (select all that apply)	
<input type="checkbox"/> Inadvertent disclosure	<input checked="" type="checkbox"/> External system breach (e.g. hacking)
<input type="checkbox"/> Insider wrong-doing	<input type="checkbox"/> Other
<input type="checkbox"/> Loss or theft of device or media (e.g. computer, laptop, external hard drive, thumb drive, CD, tape)	

Information Acquired (select all that apply)	
<input checked="" type="checkbox"/> Social Security Number	<input type="checkbox"/> Name in combination with (select all that apply)
	<input type="checkbox"/> Driver's License Number <input type="checkbox"/> State Identification Number <input type="checkbox"/> State Identification Number
	<input type="checkbox"/> Debit Card Number (in combination with security code, access code, password or PIN for account)

List dates of previous breach notifications (within last 12 months)		

Manner of Notification to Affected Persons		Identity Theft Protection Service Offered	
Attach a copy of a sample notification letter		<input checked="" type="checkbox"/> Yes	Duration 12 months
<input checked="" type="checkbox"/> Written		<input type="checkbox"/> No	Provider CyberScout
<input type="checkbox"/> Electronic (email)		Brief Description of Service:	
<input type="checkbox"/> Telephone		credit monitoring, fraud assistance, credit report	

Since this breach, we have taken the following steps to ensure it does not reoccur (*attach additional pages if necessary*)

Tower Legal Solutions remains dedicated to protecting personal information in its possession. The company has taken steps to prevent a similar event from occurring in the future, including reviewing and revising its policies and resetting employees' access credentials to ensure its systems are secure.

Any other information that may be relevant to the Office of Attorney General in reviewing this incident (*attach additional pages if necessary*)

SUBMIT